

HEALTH AND WELLNESS

Standards for Children in Out-of-Home Care

26-1

Policy

The Department of Children and Families shall ensure the health and well-being of all children in its care and custody.

NOTE: See: Standards and Practice Regarding Health Care for Children in DCF's Care - Practice Guide for additional information on each of the following sections.

Legal reference: Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351).

Definitions

Health care provider means primary care provider or medical home.

Initial Medical Evaluation

Each child placed in out-of-home placement shall, within 72 hours of removal, receive an initial medical screening evaluation if he or she has an acute health need or has a chronic health condition that requires medication to be administered within that time frame.

Multi-Disciplinary Evaluation

Each child in out-of-home placement shall have a medical Multidisciplinary Evaluation (MDE).

Health Supervision and Well Child Care

Children in out-of-home care shall receive health supervision and well-child care including prevention services consistent with Early Periodic Screening, Diagnosis and Treatment (EPSDT).

Immunizations shall be provided consistent with the guidelines and schedules of the Advisory Committee on Immunization Practices (ACIP).

Comprehensive Health Plan

The case plan shall include a comprehensive health plan inclusive of medical, dental, behavioral and emotional health.

The initial comprehensive health plan shall be developed based on the Multidisciplinary Evaluation recommendations.

The plan shall be reviewed at the Administrative Case Review meeting every six months.

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Monitoring and Tracking

Ongoing monitoring of health care, including health supervision and completion of recommendations, shall occur for all children. This shall be achieved through periodic assessment of the:

- Medical Alert in LINK;
- Health Passport Health Summary (DCF-741 HS);
- Report of Health Visits (DCF-742); and
- review of LINK and the comprehensive health plan in the case plan.

The frequency of review, including visits, supervision and follow-up with the health care provider, shall be determined at the initial medical screening and after each ACR. The schedule shall be based on the child's health needs.

Discharge from Care

Prior to discharge from DCF's care, a child and his or her parents or legal guardian shall be provided with the:

- Health Passport Health Summary (DCF-741 HS);
 - recommendations for ongoing medical care; and
 - contact information for the health care provider and any specialty providers who will be providing ongoing care to the child after discharge.
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Hospital Support and Visitation Plan

When a child is hospitalized, he or she shall receive support from individuals with whom the child has a relationship.

DCF shall be responsible for partnering with foster families, biological families and other resources to develop an ongoing plan for visitation and support that is responsive to a child's individual needs.

Medical Review Board

A Medical Review Board (MRB) shall be established by the Commissioner.

The MRB shall make recommendations to the Commissioner or designee in matters concerning the medical care and treatment of children in the care and custody of DCF when their health situations are exceptionally complex or present ethical or legal issues.

Life Plan

Life Plans shall be developed for children in DCF's care when appropriate and shall be consistent with DCF MRB guidelines.

Health Standards and Practice Committee

The Health Standards and Practice Committee shall advise and assist in the development of the statewide plan for the oversight and coordination of health care services for foster care children and youth.

Children with Complex Medical Needs	Children with complex medical needs are particularly vulnerable and therefore require medical oversight and monitoring consistent with their level of complexity and risk.
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Pregnant Girls in Care	The decision to carry a fetus to term or to terminate a pregnancy shall be the sole decision of the pregnant girl in consultation with her doctor.
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Note: If the girl is under 16 years of age, she will receive specific pregnancy information and counseling from her doctor prior to terminating a pregnancy.

Temporary caregivers, statutory, natural, foster and adoptive parents or guardians have no legal role in the decision and should not be consulted with or notified of the situation or the decision without the girl's permission.

The Social Worker shall assist pregnant girls in care by providing access to appropriate medical and counseling services.

Legal reference: Conn. Gen. Stat. §19a-600, §19a-601 and §19a-602.

Medical Alert in LINK	Each child in an out-of-home placement, regardless of the child's legal status or Medicaid eligibility, shall have an up-to-date Medical Alert in LINK that has information necessary for the care of the child, including the child's health history, current health status, and a medical summary.
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Health Passport	Each child in an out-of-home placement, regardless of the child's legal status or Medicaid eligibility, shall have a Health Passport that has information necessary for the care of the child, including the child's health history, current health status, and a medical summary.
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Informed Consent	It is the responsibility of DCF to ensure that informed consent is obtained before permitting health care treatment for a child in its custody.
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Upon a child's entry into care, the Social Worker shall obtain a release of information from a parent or guardian.

DCF shall require the prescribing practitioners to obtain appropriate informed consent regarding a child in the care of DCF who requires medically-necessary psychotropic medication.

Legal Reference: Conn. Gen. Stat. §17a-688(d); Conn. Gen. Stat. § 19a-601; Conn. Gen. Stat. §19a-14c; Conn. Gen. Stat. §17a-81.

Psychotropic Medication

DCF shall ensure medical oversight of consent for and monitoring of psychotropic medications.

Legal Reference: P.L. 112-34, Child and Family Services Improvement and Innovation Act (2011); Conn. Gen. Stat. §17a-21a.

Involuntary Psychotropic Medication

The decision to administer involuntary psychotropic medication to a child in non-emergency situations requires weighing the child's right to refuse psychiatric medications against the need to provide necessary treatment to a child with a serious mental disorder. DCF has defined a process that utilizes professional clinical judgment and practice standards to make decisions regarding involuntary psychotropic medications that are then presented to the Superior Court for an independent judicial determination of the necessity for the medication.

Legal reference: DCF Policy 44-5-2.2, Involuntary Administration of Psychotropic Medications; Conn. Gen. Stat. §17a-543; Conn. Gen. Stat. §17a-540(8); Conn. Gen. Stat. §17a-81.
